

Pathwalkers Returning Volunteer Application

Rocky Mountain Bible Mission (RMBM)

Reaching the Rocky Mountain West for Christ

ON THE WEB AT [HTTP://RMBIBLE.ORG/](http://RMBIBLE.ORG/)

USE THIS FORM ONLY IF YOU SERVED WITH THE RMBM LAST YEAR

Instructions:

- Please print clearly and please complete the entire form. This application includes the Medical Information and Release Form. Unless both are completed and received, we may not be able to process it in a timely manner.
- Sections 3, 4, and the Medical Form *must be signed* when we receive the application.
- If you have questions about completing the form, please call the office at (406) 741-2451 or email hunter@hotspringsmt.net.
- Please ensure you send us the entire application. Mail completed applications to **Pathwalkers, c/o Pastor Jim Hunter, PO Box 628, Hot Springs, MT 59845.**

Thank you for your interest in serving God through ministry with the Rocky Mountain Bible Mission!

Section 1. General Information

Date of Application:

Name:	Mailing Address (include city, state, & ZIP):	Email address:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Pastor		Telephone:
Social Security Number:	Age:	Date of Birth: MM/DD/YYYY
		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married

Section 2. Ministry Information

Ministry Interest: <input type="checkbox"/> Pathwalkers <input type="checkbox"/> Camp Elohim <input type="checkbox"/> Where most needed <input type="checkbox"/> Camp Utmost <input type="checkbox"/> Other (describe):	In what capacities would you like to serve?
For what dates and/or age groups are you desiring or available to work?	In what capacities would you rather <i>not</i> serve?

Section 3. Parental Approval (Complete for all minors)

For minors (everyone under the age of 18) a parent or legal guardian must sign here granting their permission for you to work with the Mission.

Printed name:	Signature:	Date:
Parents & Guardians: If needed, how may we best reach you during the day and in the evenings?		

Section 4. Pastoral Approval

Applicant: Please check here if your pastor cannot be reached in a reasonable time. Provide the contact information below and we will call him.

Dear Pastor,
Please take just a moment to reflect on the applicant's desire and request to work with our Mission. We're looking for God's people to do His work. Is the applicant capable of meeting that expectation? Is the applicant committed to the Lord? Your signature constitutes your approval. Also, please consider a commitment to pray regularly for the applicant during the ministry period.

Printed name:	Signature:	Date:
Church Name & Address:	Telephone:	

Office use only: Director Approval

Our office staff will process this portion of your application and notify you when approved. In order to facilitate an appropriately staffed and smoothly run ministry, all volunteers must have the ministry directors' final approval before you are invited to work.

Printed name:	Signature:	Position Assigned:
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Medical Information and Release Form

ACCOMPANIES THE RETURNING VOLUNTEER APPLICATION

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Your safety and health are very important to us. We must also meet certain requirements for insurance purposes. It is, therefore, necessary for you (or your parents in the case of minors) to complete and sign this form. Be sure to include it when mailing or faxing the application.

Part 1. General Information		Cabin Assignment:	Week	Cabin #
Name:	Mailing Address (include city, state, & ZIP):	Email address:		
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Pastor		Telephone:		
Social Security Number:	Age:	Date of Birth: MM/DD/YYYY	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of birth:

Part 2. Emergency Contact Information

List people we may contact in the event of an emergency. For minors please list both parents and someone outside the household.

Name	Relationship	Day Phone	Evening Phone

Doctor's name (or name of medical practice):	Doctor's Phone:
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Part 3. Medical Information

List any medical or food allergies:

List any chronic illnesses:

List any physical limitations: Date of your last tetanus shot:

List current medications:

Part 4. Insurance Information and Release

Are you covered by medical insurance? Yes No

Insurance Company Name	Phone Number	Policy Number
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If I cannot be consulted in an emergency, I hereby give permission to the physician selected by a representative of the Mission to hospitalize, secure treatment for, and to order injections, anesthesia, and/or surgery for the applicant named above. I understand that RMBM only carries secondary insurance and that I will take primary responsibility for any fees or charges at any clinic, facility, or hospital arising from treatment of injury or illness.

For any applicant under the age of 18, a parent or legal guardian must sign.

Printed name: _____ Signature: _____ Date: _____